

**Funding Priority**

The regional emphasis for this announcement is limited to DHHS Region VI. Therefore, applications will be accepted from only those States within the region: Arkansas, Louisiana, New Mexico, Oklahoma, and Texas.

Interested persons are invited to comment on the proposed funding priority. Comments received within 30 days after publication in the **Federal Register** will be considered before the final funding priority is established. If the funding priority should change as a result of any comments received, a revised announcement will be published in the **Federal Register**, and revised applications will be accepted prior to final selection of awards.

Written comments should be addressed to Henry S. Cassell, III, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E-13, Atlanta, GA 30305.

**Executive Order 12372 Review**

Applications are subject to Intergovernmental Review of Federal Programs as governed by Executive Order (E.O.) 12372. E.O. 12372 sets up a system for State and local government review of proposed Federal assistance applications. Applicants should contact their State Single Point of Contact (SPOC) as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC for each affected State. A current list of SPOCs is included in the application kit.

If SPOCs have any State process recommendations on applications submitted to CDC, they should send them to Henry S. Cassell, III, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Atlanta, GA 30305, no later than 60 days after the application deadline date. The Program Announcement Number and Program Title should be referenced on the document. The granting agency does not guarantee to "accommodate or explain" State process recommendations it receives after that date.

**Public Health System Reporting Requirements**

This program is not subject to the Public Health System Reporting Requirements.

**Catalog of Federal Domestic Assistance Number**

The Catalog of Federal Domestic Assistance Number for this program is 93.262.

**Other Requirements****Paperwork Reduction Act**

Projects funded through the cooperative agreement mechanism of this program involving the collection of information from 10 or more individuals will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

**Human Subjects**

If the proposed project involves research on human subjects, the applicant must comply with the DHHS Regulations, 45 CFR part 46, regarding the protection of human subjects. Assurance must be provided to demonstrate the project will be subject to initial and continuing review by an appropriate institutional review committee. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines and form provided in the application kit.

**Application Submission and Deadline**

The original and two copies of the application PHS Form 5161-1 (Revised 7/92, OMB Number 0937-0189) must be submitted to Henry S. Cassell, III, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), Mailstop E-13, 255 East Paces Ferry Road, NE., Room 300, Atlanta, GA 30305, on or before June 30, 1995.

1. Deadline: Applications will be considered as meeting the deadline if they are either:

(a) Received on or before the deadline date, or

(b) Sent on or before the deadline date and received in time for submission to the independent review group. Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailings.

2. Late Applications: Applications which do not meet the criteria in 1.(a) or 1.(b) above are considered late applications. Late applications will not be considered in the current competition and will be returned to the applicant.

**Where To Obtain Additional Information**

To receive additional written information call (404) 332-4561. You will be asked to leave your name, address, and telephone number and will need to refer to Announcement 558. You will receive a complete program description, information on application procedures, and application forms.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from Oppie Byrd, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E-13, Atlanta, GA 30305, telephone (404) 842-6546.

Programmatic technical assistance may be obtained from Dr. Stephen A. Olenchock, Division of Respiratory Disease Studies, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC), 1095 Willowdale Road, Morgantown, WVA 26505-2888, telephone (304) 285-5847.

Please refer to announcement 558 when requesting information and submitting an application.

Potential applicants may obtain a copy of Healthy People 2000 (Full Report, Stock No. 017-001-00474-0) or Healthy People 2000 (Summary Report, Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325, telephone (202) 512-1800.

Dated: May 23, 1995.

**Diane D. Porter**

*Acting Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC).*

[FR Doc. 95-13111 Filed 5-26-95; 8:45 am]

BILLING CODE 4163-19-P

**[Announcement 555]****Promoting Health Among the Nation's Health-Care Workers by Implementing Employee-Management Advisory Committees****Introduction**

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1995 funds for a cooperative agreement program to conduct a demonstration project on the effectiveness of using participatory task forces for reducing risk of injury and implementing workplace improvements in health-care

facilities. The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a PHS-led national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of Occupational Safety and Health. (For ordering a copy of Healthy People 2000 see the Section Where to Obtain Additional Information.)

#### Authority

This program is authorized under sections 20(a) and 22(e)(7) of the Occupational Safety and Health Act (29 U.S.C. 669 (a) and 671(e)(7)).

#### Smoke-Free Workplace

The PHS strongly encourages all grant recipients to provide a smoke-free workplace and promote the nonuse of all tobacco products, and Pub. L. 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

#### Eligible Applicants

Applications may be submitted by public and private, non-profit and for-profit organizations and governments and their agencies. Thus, universities, colleges, research institutions, hospitals, other public and private organizations, State and local governments or their bona fide agents, federally recognized Indian tribal governments, Indian tribes or Indian tribal organizations, and small, minority- and/or women-owned businesses are eligible to apply.

#### Availability of Funds

Approximately \$135,000 is available in FY 1995 to fund one or more cooperative agreements. If awards for multiple cooperative agreements are made, it is expected the awards will range from \$40,000 to \$80,000. If a single award is made, the award will be approximately \$135,000. The awards are expected to begin on or before September 30, 1995, for a 12-month budget period within a project period of one to two years. Funding estimates may vary and are subject to change.

Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

#### Purpose

The purpose of this cooperative agreement is to support one or more demonstration studies to evaluate the

effectiveness of "participatory task forces" in the health-care industry.

A participatory approach, using "employee-management advisory teams" (E-MATs), has been shown to provide an effective and practical way to identify and solve occupational safety and health problems in industrial settings. (For ordering a copy of Participatory Ergonomic Interventions in Meatpacking Plants see the Section Where to Obtain Additional Information.)

Teams established as true labor-management partnerships have been successful in industrial settings because they take advantage of the skills, knowledge, motivation, and communication networks already available in the workforce. In health-care settings, the workforce has the additional advantage of being highly knowledgeable and sensitive to health and safety problems, but they have not had sufficient opportunity to provide input in problem-solving. Because E-MATs are based on employee participation and partnership, they foster a proactive approach to workplace health and safety. E-MATs established in the automotive industry, for example, have been successful in: (1) Conducting ongoing surveillance of health and safety problems; (2) exploring avenues to abatement of such problems; and (3) identifying control technology and training needs to prevent additional problems.

This cooperative agreement will provide the first opportunity in the health-care industry to evaluate the effectiveness of the "participatory task-force," (i.e., E-MAT model). This model can serve as a means for enhancing awareness by employees and management of the hazards and health risks in the health-care industry, while ensuring sustained and active programs of prevention and control.

#### Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for conducting activities under A. (Recipient Activities), and CDC/NIOSH will be responsible for conducting activities under B. (CDC/NIOSH Activities).

##### A. Recipient Activities

1. Secure and sustain a formal relationship with the management of a health-care facility and its worker representatives which will serve to assure the commitment for the recipient of both management and staff for the project period.

2. Plan and implement a demonstration project to evaluate the E-

MAT model of the participatory task force. The intent should be to use principles of organizational change that incorporate employee participation. The project should include the following elements:

a. *Targeting one or more occupational hazards that exist within the facility that are amenable for intervention.* The hazards selected will be those which have a known high risk of injury or illnesses, such as manual lifting of patients, slips and falls, excessive overtime and night work.

b. *Establishing the participatory task-force teams (E-MATs).* The teams should comprise technical and non-technical staff and supervisors from the selected job area and other facility personnel such as engineering, management, and medical staff, as appropriate.

c. *Training the team members to recognize safety and health risks.* Introduce safety, health, and ergonomic concepts that enable the team to recognize environmental hazards, recognize risk factors, analyze tasks, and refine and implement controls.

d. *Developing controls.* The recipient will conduct, with the full participation of team members, the development of engineering, work practice, and/or administrative controls to reduce safety, health, and ergonomic hazards associated with the selected jobs and hazards.

e. *Implementing controls.* The recipient will provide technical support to the teams to ensure proper implementation of the controls.

**Note:** Cooperative agreement funds are not available to be spent by the health-care facility for implementing the controls.

3. Monitor and evaluate the success of the team approach. Measures of team success may include effectiveness of implemented controls, whether the team activity is continued, and whether controls are sustained and improved.

4. Develop a written case study report of the effectiveness of the E-MAT model of the participatory team approach in the health-care industry for effecting and sustaining reductions in occupational hazards.

##### B. CDC/NIOSH Activities

1. Provide technical information and support concerning the implementation of the E-MAT model of the participatory team approach.

2. Provide technical assistance in at least the following areas:

a. Choice of the hazard or series of hazards for the interventions.

b. Development of E-MAT awareness training.

- c. Development of engineering and/or organizational controls.
- d. Development of measures for project success.
- e. Development of a case study report.

#### Evaluation Criteria

Applications will be reviewed and evaluated according to the following criteria:

1. Understanding of health, safety, and ergonomic problems of health-care facilities and understanding of participatory task force interventions. (15%)
2. Ability to provide the staff, knowledge and other resources and experience to carry out the project. The staff is competent and experienced in the skills required in the scope of work. Resumes of staff should reflect not only academic qualifications but also length and variety of experience with similar tasks. (15%)
3. Commitment to a participatory-team approach to implement improvements and is representative of at least one sector of the health-care industry. (30%)
4. Extent description is provided of approach or goals consistent with the activities or suggestion of alternative approaches to achieve the same purpose. Extent to which application outlines reasonable approaches for identifying hazards in the facility, participatory team building and training, and control development, implementation, and refinement. (30%)
5. Extent proposed schedule is reasonable and consistent with the proposed approach. Specify how the project will be administered, and the name of the individual who will be responsible for its day-to-day administration. (10%)
6. Extent to which a detailed budget is provided which indicates anticipated costs for staff, equipment, facilities, travel, supplies, and all sources of funds to meet those needs. (Not Scored.)

#### Executive Order 12372 Review

Applications are subject to Intergovernmental Review of Federal Programs as governed by Executive Order 12372. Executive Order 12372 sets up a system for State and local government review of proposed Federal assistance applications. Applicants (other than federally-recognized Indian tribal governments) should contact their State Single Point of Contact (SPOC) as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. Indian tribes are strongly encouraged to request tribal government review of the proposed application. For

proposed projects serving more than one State, the applicant is advised to contact the SPOC for each affected State. A current list of SPOCs is included in the application kit.

If SPOCs or Indian tribal governments have any State process recommendations on applications submitted to the CDC, they should forward them to Henry S. Cassell, III, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Atlanta, GA 30305, no later than 60 days after the application deadline date. The granting agency does not guarantee to "accommodate or explain" for State or tribal process recommendations it receives after that date.

#### Public Health System Reporting Requirements

This program is subject to the Public Health System Reporting Requirements.

#### Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance Number for this program is 93.956.

#### Other Requirements

##### *Paperwork Reduction Act*

Projects that involve the collection of information from ten or more individuals and funded by this cooperative agreement will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

##### *Human Subjects*

If the proposed project involves research on human subjects, the applicant must comply with the Department of Health and Human Services Regulations, 45 CFR part 46, regarding the protection of human subjects. Assurance must be provided to demonstrate the project will be subject to initial and continuing review by an appropriate institutional review committee. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines and form provided in the application kit.

In addition to other applicable committees, Indian Health Service (IHS) institutional review committees also must review the project if any component of IHS will be involved or will support the research. If any American Indian community is involved, its tribal government must also approve that portion of the project applicable to it.

#### Application Submission and Deadline

The original and two copies of the application PHS Form 5161-1 (Revised 7/92, OMB Number 0937-0189) must be submitted to Henry S. Cassell, III, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), Mailstop E-13, 255 East Paces Ferry Road, NE., Room 300, Atlanta, GA 30305, on or before July 5, 1995.

1. Deadline: Applications will be considered as meeting the deadline if they are either:

(a) Received on or before the deadline date, or

(b) Sent on or before the deadline date and received in time for submission to the objective review group. (The applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks will not be acceptable as proof of timely mailing.)

2. Late Applicants: Applications that do not meet the criteria in 1.(a) or 1.(b) above are considered late applications. Late applications will not be considered in the current competition and will be returned to the applicants.

#### Where to Obtain Additional Information

To receive additional written information, call (404) 332-4561. You will be asked to leave your name, address, and telephone number, and will need to refer to Announcement 555. You will receive a complete program description, information on application procedures, and application forms.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from Oppie M. Byrd, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E-13, Atlanta, GA 30305, telephone (404) 842-6546.

Programmatic technical assistance may be obtained from Vern Putz-Anderson, Ph.D., Chief, Psychophysiology and Biomechanics Section, Applied Psychology and Ergonomics Branch, Division of Biomedical and Behavioral Science, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC), Mailstop C-24, 4676 Columbia Parkway, Cincinnati, Ohio 45226-1998, telephone (513) 533-8291. Additional technical

assistance may be obtained from Drs. Michael Colligan and Ray Sinclair (at the same address), telephone (513) 533-8225.

Please refer to Announcement 555 when requesting information and submitting an application.

Potential applicants may obtain a copy of Healthy People 2000 (Full Report, Stock No. 017-001-00474-0) or Healthy People 2000 (Summary Report, Stock No. 017-001-00473-1) referenced in the Introduction Section through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325, telephone (202) 512-1800.

A copy of Participatory Ergonomics Interventions in Meatpacking Plants, (DHHS/NIOSH) Publication No. 94-124, referenced in the Purpose Section, can be obtained from the Publication Dissemination office of CDC/NIOSH, Cincinnati, OH 45226, telephone (513) 533-8573.

Dated: May 23, 1995.

**Diane D. Porter,**

*Acting Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC).*

[FR Doc. 95-13110 Filed 5-26-95; 8:45 am]

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#### [Announcement 556]

### **Work Organization Interventions to Prevent Work-Related Musculoskeletal Disorders in Office and Video Display Terminal Work**

#### **Introduction**

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1995 funds for a cooperative agreement program to develop work organization interventions to prevent musculoskeletal disorders in office and video display terminal (VDT) workers. The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a PHS-led national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of Occupational Safety and Health. (For ordering a copy of Healthy People 2000, see the Section Where to Obtain Additional Information.)

#### **Authority**

This program is authorized under sections 20 (a) and 22(e)(7) of the Occupational Safety and Health Act (29 U.S.C. 669(a) and 671(e)(7)).

#### **Smoke-Free Workplace**

The Public Health Service strongly encourages all grant recipients to provide a smoke-free workplace and promote the nonuse of all tobacco products, and Pub. L. 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

#### **Eligible Applicants**

Applications may be submitted by public and private, non-profit and for-profit organizations and governments, and their agencies. Thus, universities, colleges, research institutions, hospitals, other public and private organizations, State and local health departments or their bona fide agents, federally recognized Indian tribal governments, Indian tribes or Indian tribal organizations, and small, minority-, and/or women-owned businesses are eligible to apply.

#### **Availability of Funds**

Approximately \$140,000 is available in FY 1995 to fund one award. It is expected that the award will begin on or about September 30, 1995, and will be made for a 12-month budget period within a project period of one to two years. Funding estimates may vary and are subject to change. Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

#### **Purpose**

The purpose of this cooperative agreement is to utilize the special resources of the extramural research community to conduct studies, in cooperation with CDC/NIOSH, to demonstrate the effectiveness of work organization interventions in reducing work-related musculoskeletal disorders (WRMD), and in improving productivity, among VDT workers. The funded project will focus on worksite primary prevention efforts, replicating and extending the CDC/NIOSH interventions. This could include: (a) Replication/validation of CDC/NIOSH findings on work-rest schedules and task rotation, (b) extension of these interventions to other types of VDT and office tasks, and (c) examination of other types of work organization interventions.

Prior studies have indicated that some types of VDT jobs may pose higher risk for stress and WRMDs, particularly jobs involving highly repetitive and narrow tasks (e.g., data entry or teleoperator tasks). Such jobs are of particular

interest for this project. Both physical and psychological symptoms will be evaluated. Project results, in combination with NIOSH findings, will provide the basis for recommendations regarding effective work organization strategies for reducing WRMDs, and improving performance in repetitive VDT work. Project results will also improve our understanding of mechanisms mediating between work organization variables and musculoskeletal disorders in VDT work.

#### **Program Requirements**

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under A. (Recipient Activities) and CDC/NIOSH will be responsible for activities under B. (CDC/NIOSH Activities).

##### *A. Recipient Activities*

1. Identify suitable study site(s); i.e., with large, stable populations of workers performing repetitive VDT work. Secure cooperation of management and labor representatives at the site(s) to participate in an intervention study.

2. Develop a study protocol that reviews the pertinent literature on VDT-related musculoskeletal disorders and work organization, describes the study methodology, the data to be collected, and the proposed analysis of the data. Present the protocol to a panel of peer reviewers and revise the protocol as required for final approval.

3. Prepare necessary documentation for reviews and/or clearances required by PHS/CDC/NIOSH.

4. Perform data collection and management. Data is to include measures of worker symptomatology and performance and can additionally include records data on factors such as absenteeism, health care utilization, etc. Symptomatology can include musculoskeletal discomfort, upper extremity musculoskeletal disorders, and indicators of negative mental health (e.g., depression, anxiety, tension). Performance indicators can include measures such as keystrokes/hour, forms/hour, and errors.

5. Prepare a final report summarizing the study methodology, results obtained, and conclusions reached. Develop recommendations regarding effective work organization interventions to reduce stress, fatigue, and WRMDs among VDT workers.

6. Report study results to the scientific community via presentations at professional conferences and articles in peer-reviewed journals.